

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

E83-040457

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

164

Primary Registration District No.

3032

Registrar's No.

155

FILED NOV 14 1963

1. PLACE OF DEATH

a. COUNTY

JOHNSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

LAFAYETTE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

WARRENSBURG

Length of stay in 1b

21 DAYS

c. CITY

OR
TOWN

CONCORDIA

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

JOHNSON COUNTY HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

1013 MAIN ST.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

EMILIE

LOUISE

KLOSTERMAN

4. DATE

Month

Day

Year

OF
DEATH

NOV

6

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

APRIL 14, 1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

CONCORDIA, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HENRY KESSNER

13b. MOTHER'S MAIDEN NAME

CAROLINE FIENE

14. NAME OF HUSBAND OR WIFE

HENRY KLOSTERMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

102

17. INFORMANT

HENRY KLOSTERMAN

Address

CONCORDIA, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

C.V.A.

INTERVAL BETWEEN
ONSET AND DEATH

23 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized Arteriosclerosis

10 yrs

DUE

Card. Coronary Thrombosis? Diabetes Mellitus 5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10-23-63

to 10-6-63

and last saw her alive on 11-6-63

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. L. JAMES

22b. ADDRESS

Warrensburg, Missouri

22c. DATE SIGNED

11-9-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Nov. 9, 1963

23c. NAME OF CEMETERY OR CREMATORY

ST. PAUL'S

23d. LOCATION (City, town, or county)

CONCORDIA

(State)

MO

24. FUNERAL DIRECTOR

E. L. James

ADDRESS

Concordia, Mo

25. DATE RECD. BY LOCAL REG.

11/13/63

26. REGISTRAR'S SIGNATURE

Huntard W. D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. Jamison

Licensed Embalmer No. 2058

P. O. Address Concordia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.